

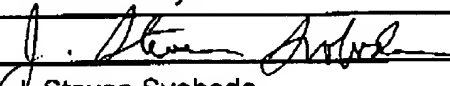
PTO/SB/21 (09-04)

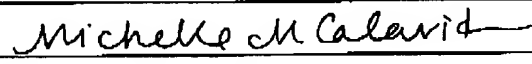
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/843,197	RECEIVED CENTRAL FAX CENTER APR 26 2005
	Filing Date	4/26/2001	
	First Named Inventor	Patrick Chiu	
	Art Unit	2178	
	Examiner Name	C. Huynh	
Total Number of Pages in This Submission	11	Attorney Docket Number	FXPL-01024US0

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks The enclosed Reply includes an Examiner Interview Summary.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Fliesler Meyer LLP		Customer No. 23910
Signature			
Printed name	J. Steven Svoboda		
Date	April 26, 2005	Reg. No.	44,366

CERTIFICATE OF TRANSMISSION/MAILING			
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Signature			
Typed or printed name	Michelle McAnern Calavita	Date	April 26, 2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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APR 26 2005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application

Inventors: Patrick Chiu, et al.

Application No.: 09/843,197

Confirm. No.: 8826

Date Filed: April 26, 2001

Title: Internet-Based System for Multimedia

Meeting Minutes

PATENT APPLICATION

Art Unit: 2178

Examiner: Cong Lac T. Huynh

Customer No. 23910

CERTIFICATE OF TRANSMISSION UNDER 37 C.F.R. § 1.8

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Michelle McAnem Calavita
Signature Date: April 26, 2005

REPLY B TO OFFICE ACTION UNDER 37 C.F.R. § 1.116
AND EXAMINER INTERVIEW SUMMARY

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

This REPLY B is in response to the outstanding Office Action mailed March 25, 2005.

No fee is due for the addition of any new claims.

Amendments to the claims are reflected in the listing of claims that begins on page 2 of this document.

An Examiner Interview Summary is given on page 7 of this document.

Remarks begin on page 8 of this document.